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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/724,822	
	Filing Date	November 28, 2000	
	First Named Inventor	Matthew D. LINNIK	
	Group Art Unit	1636	
	Examiner Name	C. Qian	
Total Number of Pages in This Submission	10 pages + 27 refs.	Attorney Docket Number	252312007400

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing - 2 pages	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Form PTO-1449 + duplicate copy - 4 pages
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) - 3 pages	<input type="checkbox"/> Request for Refund	Twenty-seven (27) references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Return receipt postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MORRISON & FOERSTER LLP Jill A. Jacobson - 40,030
Signature	<i>Jill A. Jacobson</i>
Date	July 10, 2003

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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/724,822
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	November 28, 2000
180.00		First Named Inventor	Matthew D. LINNIK
		Examiner Name	C. Qian
		Group Art Unit	1636
		Attorney Docket No.	252312007400
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 03-1952		Fee Code Fee (\$)	
Deposit Account Name Morrison & Foerster LLP		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 105 -105 = 0 x 9.00 = 0.00			
Independent Claims 14 -14 = 0 x 42.00 = 0.00			
Multiple Dependent 140.00 = 0.00			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Jill A. Jacobson		Registration No. (Attorney/Agent) 40,030	
Signature <i>Jill A. Jacobson</i>		Telephone (650) 813-5876	
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